

**EXHIBIT C**

# REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (7/2012)

Supreme COURT, COUNTY OF Rockland

Index No: 126016 Date Index Issued: 08/15/2016

**CAPTION:** Enter the complete case caption. Do not use et al or et anno. If more space is required, attach a caption rider sheet.

MICHAEL SULLIVAN,  
For a Judgment Pursuant To CPLR article 78 and for Declaratory Judgment and other relief

Plaintiff(s)/Petitioner(s)

-against-

GEORGE HOEHMANN, Individually and as Town Supervisor of the Town of Clarkstown, Councilman FRANK BORELLI, Individually and as a Member of the Clarkstown Town Board, Councilwoman STEPHANIE HAUSNER, as a Member of the Clarkstown Town Board, Councilman JOHN J. NOTO, Individually and as a Member of the Clarkstown Town Board, Councilwoman ADRIENNE D. CAREY, Individually and as a Member of the Clarkstown Town Board, the TOWN OF CLARKSTOWN and the TOWN BOARD OF THE TOWN OF CLARKSTOWN,

Defendant(s)/Respondent(s)

**NATURE OF ACTION OR PROCEEDING:** Check ONE box only and specify where indicated.

## MATRIMONIAL

Contested

NOTE: For all Matrimonial actions where the parties have children under the age of 18, complete and attach the MATRIMONIAL RJI Addendum. For Uncontested Matrimonial actions, use RJI form UD-13.

## TORTS

Asbestos

Breast Implant

Environmental: \_\_\_\_\_ (specify)

Medical, Dental, or Podiatric Malpractice

Motor Vehicle

Products Liability: \_\_\_\_\_ (specify)

Other Negligence: \_\_\_\_\_ (specify)

Other Professional Malpractice: \_\_\_\_\_ (specify)

Other Tort: 42 USC sec 1983, CivServLaw 75(b), Labor Law 740 \_\_\_\_\_ (specify)

## OTHER MATTERS

Certificate of Incorporation/Dissolution [see NOTE under Commercial]

Emergency Medical Treatment

Habeas Corpus

Local Court Appeal

Mechanic's Lien

Name Change

Pistol Permit Revocation Hearing

Sale or Finance of Religious/Not-for-Profit Property

Other: \_\_\_\_\_ (specify)

## COMMERCIAL

Business Entity (including corporations, partnerships, LLCs, etc.)

Contract

Insurance (where insurer is a party, except arbitration)

UCC (including sales, negotiable instruments)

Other Commercial: \_\_\_\_\_

NOTE: For Commercial Division assignment requests [42 NYCRR § 202.70(d)], complete and attach the COMMERCIAL DIV RJI Addendum.

## REAL PROPERTY:

How many properties does the application include?

Condemnation

Mortgage Foreclosure (specify): \_\_\_\_\_

Residential

Commercial

Property Address: \_\_\_\_\_

Street Address

City

State

Zip

NOTE: For Mortgage Foreclosure actions involving a one- to four-family, owner-occupied, residential property, or an owner-occupied condominium, complete and attach the FORECLOSURE RJI Addendum.

Tax Certiorari - Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Tax Foreclosure

Other Real Property: \_\_\_\_\_

(specify)

## SPECIAL PROCEEDINGS

CPLR Article 75 (Arbitration) [see NOTE under Commercial]

CPLR Article 78 (Body or Officer)

Election Law

MHL Article 9.60 (Kendra's Law)

MHL Article 10 (Sex Offender Confinement-Initial)

MHL Article 10 (Sex Offender Confinement-Review)

MHL Article 81 (Guardianship)

Other Mental Hygiene: \_\_\_\_\_

(specify)

Other Special Proceeding: \_\_\_\_\_

(specify)

**STATUS OF ACTION OR PROCEEDING:** Answer YES or NO for EVERY question AND enter additional information where indicated.

YES NO

Has a summons and complaint or summons w/notice been filed?

If yes, date filed: \_\_\_\_\_

Has a summons and complaint or summons w/notice been served?

If yes, date served: \_\_\_\_\_

Is this action/proceeding being filed post-judgment?

If yes, judgment date: \_\_\_\_\_

**NATURE OF JUDICIAL INTERVENTION:**

Check ONE box only AND enter additional information where indicated.

Infant's Compromise  
 Note of Issue and/or Certificate of Readiness  
 Notice of Medical, Dental, or Podiatric Malpractice  
 Notice of Motion  
 Notice of Petition  
 Order to Show Cause  
 Other Ex Parte Application  
 Poor Person Application  
 Request for Preliminary Conference  
 Residential Mortgage Foreclosure Settlement Conference  
 Writ of Habeas Corpus  
 Other (specify): \_\_\_\_\_

Date Issue Joined: \_\_\_\_\_

Relief Sought: \_\_\_\_\_

Return Date: \_\_\_\_\_

Relief Sought: \_\_\_\_\_

Return Date: \_\_\_\_\_

Relief Sought: Injunction/Restraining Order

Return Date: \_\_\_\_\_

Relief Sought: \_\_\_\_\_

Return Date: \_\_\_\_\_

**RELATED CASES:**

List any related actions. For Matrimonial actions, include any related criminal and/or Family Court cases.

If additional space is required, complete and attach the RJI Addendum. If none, leave blank.

Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case
Garvey v Sullivan, et al.	2416/2012	Supreme Court, Rockland County	Hon. Gerald Loehr	one or more related parties

**PARTIES:** For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in space provided.

If additional space is required, complete and attach the RJI Addendum.

Un-Rep	Parties:	Attorneys and/or Unrepresented Litigants:						Issue Joined (Y/N):	Insurance Carrier(s):
	List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	Provide attorney name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case. For unrepresented litigants, provide address, phone number and e-mail address.							
<input type="checkbox"/>	SULLIVAN MICHAEL Plaintiff Petitioner	Last Name First Name Primary Role: Secondary Role (if any):	GLICKEL 2 Crosfield Avenue, Ste 103, West Nyack Street Address	Last Name Firm Name City	RICHARD New York State 10994 Zip	First Name e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO		
<input type="checkbox"/>	HOEHMANN GEORGE Defendant Respondent	Last Name First Name Primary Role: Secondary Role (if any):	SCIARRETTA OFFICE OF THE CLARKSTOWN TOWN ATTORNEY 10 Maple Avenue, Street Address	Last Name Firm Name New City City	LINO New York State 10956 Zip	First Name e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO		
<input type="checkbox"/>	BORELLI FRANK Defendant Respondent	Last Name First Name Primary Role: Secondary Role (if any):	SAME AS ABOVE Street Address Phone	Last Name Firm Name City State Zip	First Name e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO			
<input type="checkbox"/>	HAUSNER STEPHANIE Defendant Respondent	Last Name First Name Primary Role: Secondary Role (if any):	SAME AS ABOVE Street Address Phone	Last Name Firm Name City State Zip	First Name e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO			

I AFFIRM UNDER THE PENALTY OF PERJURY THAT, TO MY KNOWLEDGE, OTHER THAN AS NOTED ABOVE, THERE ARE AND HAVE BEEN NO RELATED ACTIONS OR PROCEEDINGS, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION PREVIOUSLY BEEN FILED IN THIS ACTION OR PROCEEDING.

Dated: 08/19/2016

1245422

ATTORNEY REGISTRATION NUMBER



SIGNATURE

Richard A. Glickel

PRINT OR TYPE NAME

Print Form

## Request for Judicial Intervention Addendum

Supreme

COURT, COUNTY OF Rockland

Index No: \_\_\_\_\_

For use when additional space is needed to provide party or related case information.

PARTIES: For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in "Attorneys" space.

Un-Rep	Parties:	Attorneys and/or Unrepresented Litigants:						Issue Joined (Y/N):	Insurance Carrier(s):
		Last Name	First Name	Firm Name	Street Address	New City	New York State		
<input type="checkbox"/>	NOTO JOHN Defendant Secondary Role (if any): Respondent	SCIARRETTA Last Name OFFICE OF THE CLARKSTOWN TOWN ATTORNEY 10 Maple Avenue +1 (845) 639-2060 Phone	LINO First Name Firm Name New City City +1 (845) 639-2189 Fax					<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	CAREY ADRIENNE Defendant Secondary Role (if any): Respondent	Last Name Same AS ABOVE Street Address Phone	Last Name Firm Name City Fax					<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	TOWN OF CLARKSTOWN Last Name First Name Primary Role: Defendant Secondary Role (if any): Respondent	Last Name Same AS ABOVE Street Address Phone	Last Name Firm Name City Fax					<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	TOWN BOARD OF THE TOWN OF CLARKSTOWN Last Name First Name Primary Role: Defendant Secondary Role (if any): Respondent	Last Name Same AS ABOVE Street Address Phone	Last Name Firm Name City Fax					<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name Firm Name Street Address Phone	Last Name Firm Name City Fax					<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name Firm Name Street Address Phone	Last Name Firm Name City Fax					<input type="radio"/> YES <input checked="" type="radio"/> NO	

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